

FILED APR 4 1949

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. 7468

 BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 343

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Atchison</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph, Mo.</u>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Atchison</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rosary Hill Nursing Home</u>			d. STREET ADDRESS (If rural, give location) <u>1017 Maple St.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Nellie</u> b. (Middle) <u>Bell</u> c. (Last) <u>McCartney</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 25, 1949</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Nov. 6, 1879</u>		9. AGE (In years last birthday) <u>69</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Nurse</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Nursing</u>	11. BIRTHPLACE (State or foreign country) <u>Leon, Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>John Allen McCartney</u>		13b. MOTHER'S MAIDEN NAME <u>Annis Epperson</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ben U. McCartney, Atchison, Kan.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Paresis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Lues</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>--</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Don't know</u> <u>Don't know</u>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>--</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>--</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>--</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>--</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>--</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>--</u>	

22. I hereby certify that I attended the deceased from Dec. 22, 1948, to Mar. 24, 1949, that I last saw the deceased alive on Mar. 24 1949, and that death occurred at 8:30 Pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Charles H. Werner MD</u>		23b. ADDRESS <u>Kirkpatrick Bldg. St. Joseph 8, Mo.</u>		23c. DATE SIGNED <u>3/25/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Mar. 25, 49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Vernon Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Atchison, Kan.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Sawin - Douglass Mortuary Atchison, Kan.</u>			
DATE REC'D BY LOCAL REG. <u>Mar. 31, 1949</u>		REGISTRAR'S SIGNATURE <u>E. C. Jenkins</u>		382	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 4320

P. O. Address Atchison, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.